### Exhibit B

### IN THE UNITED STATES DISTRICT COURT FOR THE DISTRICT OF MASSACHUSETTS

IN RE: PHARMACEUTICAL	)	
INDUSTRY AVERAGE	)	100 N 1400
WHOLESALE PRICE LITIGATION	)	MDL No. 1456
	)	Master File No. 1:01-CV-12257-PBS
	)	Sub-Category Case No. 1:08-CV-11200
THIS DOCUMENT RELATES TO:	)	•
United States ex rel. Ven-A-Care of the	)	Judge Patti B. Saris
Florida Keys, Inc. v. Baxter Healthcare	)	<u> </u>
Corporation	)	
	)	
Case No. 10-cv-11186-PBS	)	

#### **DECLARATION OF HEIDI M. SMITH**

I, Heidi M. Smith, declare and state as follows:

- 1. I am a paralegal supervisor for the law firm Goldberg Kohn Ltd. ("Goldberg Kohn"), one of the law firms representing Relators Linnette Sun and Greg Hamilton ("Relators") in *United States ex rel. Sun and Hamilton v. Baxter Healthcare Corporation, et al.*, Case No. 08-cv-11200-PBS (the "Sun/Hamilton" case). I have been employed by Goldberg Kohn since 2004.
- 2. At the direction of the attorneys at Goldberg Kohn, I accessed certain information regarding amounts spent by various state Medicaid Programs for reimbursement of the cost of filling prescriptions for the drug known as "Advate," and imported that information into an Excel spreadsheet. The results of that work are attached hereto as Exhibit 1. I have personal knowledge of the matters set forth herein and could testify competently thereto if called as a witness.

- 3. The information I accessed to prepare Exhibit 1 is contained on a publicly available website <a href="www.medicaid.gov">www.medicaid.gov</a> ("Medicaid website"). I have no independent information about the validity or accuracy of the information contained on the Medicaid website. Instead, I simply imported the information from the Medicaid website into an Excel spreadsheet in the manner described in this Declaration.
- 4. The Medicaid website indicates that it contains information regarding, "the active drugs that have been reported by participating drug manufacturers as of the most recent rebate reporting period under the Medicaid Drug Rebate Program. All drugs are identified by National Drug Code (NDC), unit type, units per package size, product name . . .," etc. (See, Exhibit 2, attached hereto, or visit the Medicaid website at: <a href="http://medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Benefits/Prescription-Drugs/Medicaid-Drug-Rebate-Program-Data.html">http://medicaid.gov/Medicaid-Drug-Rebate-Program-Data.html</a>.)
- 5. The Medicaid website also purportedly provides "State Utilization Data" "for covered outpatient drugs paid for by State Medicaid agencies since the start of the Medicaid Drug Rebate Program." (*Id.*) This data purports to be provided quarterly for each participating State, as well as nationally. (*Id.*)
- 6. At the time I was asked to access the information on the Medicaid website, the data set forth in paragraphs 4 and 5, above, was organized by year, and contained within .zip files that could be downloaded ("Utilization .zip file"). Each Utilization .zip file contained approximately 50 unformatted text files containing individual State data for instance, "ILUTIL07.txt" contained the 2007 utilization data for the State of Illinois and one unformatted text file that combined all reported state data into a single text file containing the

national data – for instance, "NAUTIL07.txt" contained a compilation of the data reported by each of the participating States for 2007. The unformatted nature of these files allows the data to be imported into various computer programs, including Microsoft Excel – the program into which I imported the data and used to create Exhibit 1.

7. The Medicaid website also provided "Web File Structure and Definitions" to be used in understanding the data contained within the unformatted text files of the Utilization .zip files. According to this document, the following data was contained within the unformatted text "State Code," "Labeler Code," "Product Code," "Package Size," "Period Covered," files: "Product FDA List Name," "Units Reimbursed," "No. of Prescriptions," "Total Amount Reimbursed," "Medicaid Amount Reimbursed," and "Non-Medicaid Amount Reimbursed." A copy of this document, available at the time I accessed the information, is attached hereto as website the Medicaid Exhibit This document is also available on http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-

Topics/Benefits/Prescription-Drugs/Medicaid-Drug-Rebate-Program-

Data.html\State drug utilization data specifications.pdf.

8. For purposes of creating the spreadsheet attached as Exhibit 1, I used the text files containing the national data, which were a compilation of the data reported by each of the participating States. The steps I used to import the national data into Exhibit 1 are set forth below.

<sup>&</sup>lt;sup>1</sup> Since the time I prepared Exhibit 1, the Medicaid website has been modified so that the data is no longer available in a single .zip file. The website is now formatted to provide access to each file individually.

#### ADVATE MEDICAID REIMBURSEMENT: 2003 TO 3rd QUARTER 2011

- 9. I accessed the Utilization .zip files for 2003 through the third quarter ("Q3") of 2011 (the most current data available at the time I prepared Exhibit 1), and then extracted the text files containing the national data for each year.
- 10. Next, I extracted the reported data for *only* the Advate products (i.e. the rows in the files where the word "Advate" appeared in the column corresponding to "Product FDA List Name") from each of the text files containing the national data for 2003 through Q3 2011. An example of one such file is attached hereto as Exhibit 4.
- 11. I then imported the extracted national Advate data for 2003 through Q3 2011 into an Excel spreadsheet, creating separate worksheets for each year. (See, Exhibit 1.)
- 12. The national Advate product data I imported is reflected on the worksheets in Exhibit 1 as follows:

COLUMN	DATA FROM TEXT FILE
	(as Identified on Exhibit 3)
A	"State Code" (for national data "XX" converted to "US")
В	"Labeler Code"
С	"Product Code"
D	"Package Size"
E	"Period Covered (By Quarter)"
F	"Product FDA List Name"
G	"Units Reimbursed"
Н	"No. of Prescriptions"
I	"Total Amount Reimbursed" <sup>2</sup>
J	"Medicaid Amount Reimbursed"
K	"Non-Medicaid Amount Reimbursed"

<sup>&</sup>lt;sup>2</sup> Beginning in Q4 2007, the reporting requirements were changed so that reimbursement amounts were reflected in two categories: "Medicaid Amount Reimbursed" and "Non-Medicaid Amount Reimbursed." (See, Exhibit 2 or visit the Medicaid website at: <a href="http://medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Benefits/Prescription-Drugs/Medicaid-Drug-Rebate-Program-Data.html">http://medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Benefits/Prescription-Drugs/Medicaid-Drug-Rebate-Program-Data.html</a>.) Prior to Q4 2007, splitting the data into two categories was not required and was, therefore, reported inconsistently. (*Id.*) For purposes of preparing Exhibit 1, "Total Amount Reimbursed" was used for 2004 through 2007, and "Medicaid Amount Reimbursed" was used for 2008 through Q3 2011.

- 13. In order to include the reimbursement paid per unit ("RPI") in Exhibit 1, I added a column (L) titled "Reimbursement/Unit" to each worksheet and inserted a formula for each line of reported data which divided the "Total Amount Reimbursed" (column I) or "Medicaid Amount Reimbursed (column J) for years 2008 to Q3 2011 (see footnote 2) by the "Units Reimbursed" (column G) to arrive at the RPI reimbursed by Medicaid on a national level for each listed Advate product.
- 14. Next, I added a column (M) to each worksheet to reflect the Pharmacy Acquisition Cost ("PAC") which is not available on the Medicaid website. The specific numbers that appear in the PAC column were provided to me by counsel for the Relators, and it is my understanding these numbers came from Relator Greg Hamilton.
- 15. Finally, I added a column (N) to each worksheet titled "Amount Medicaid Paid in Excess of PAC," and inserted a formula which first subtracted PAC (column M) from RPI (column L) to arrive at the *per unit* amount Medicaid paid in excess of PAC, and then multiplied that number by the reported number of "Units Reimbursed" (column G) to arrive at the *total* amount Medicaid paid in excess of PAC for each Advate product.

## REDUCTIONS FOR SETTLEMENTS WITH STATES OF CALIFORNIA, HAWAII, ILLINOIS, NEVADA AND TEXAS

16. I also performed a series of calculations to adjust the totals identified in paragraph 15, above, using the payments in excess of PAC made by the states of California, Hawaii, Illinois, Nevada and Texas (collectively, "Settling States") during the following time periods:

SETTLING STATE	TIME PERIOD
California	2003 - 2008
Hawaii	2003 – Q1 2009
Illinois	2003 – Q1 2009
Nevada	2003 – Q3 2008
Texas	2003 – Q2 2006

- 17. The time periods for which adjustments were made for the Settling States were provided to me by counsel for the Relators.
- 18. To determine the amount by which a quarter and/or year should be adjusted, I followed the same procedures set forth in paragraphs 9 through 12 above, this time extracting the unformatted text files for each of the Settling States from the Utilization .zip files and importing the reported data for the Advate products only.
- 19. I calculated the amount Medicaid paid in excess of PAC for each of the Settling States, during the time periods set forth in paragraph 16, above, in the same manner as set forth in paragraphs 13 through 15, above.
- 20. Next, I inserted a formula in column N, beneath the totals set forth in paragraph 15, above, that subtracted the amount Medicaid paid in excess of PAC for each Settling State, for the time periods set forth in paragraph 16 above, from the national totals as described in paragraph 15, above, to arrive at the adjusted amounts.
- 21. The adjustments for the Settling States reduced the national totals for the time periods set forth in paragraph 16, above, are reflected in the "Amount Medicaid Paid in Excess of PAC" (column N) of the relevant worksheets of Exhibit 1.

#### PROJECTION FOR Q4 2011

22. At the time I performed the calculations set forth above, utilization data was not available on the Medicaid website for Q4 2011.

23. The total amount Medicaid paid in excess of PAC for Q4 2011 was estimated by calculating the average of the total amounts Medicaid paid in excess of PAC for Q1 2011 through Q3 2011. That average was added to the amounts Medicaid paid in excess of PAC for Q1 2011 through Q3 2011 to arrive at an estimate for the total amount Medicaid paid in excess of PAC for 2011. These amounts are reflected in column N, rows 31 and 32, of the 2011 worksheet of Exhibit 1.

24. Under 28 U.S.C. § 1746, I declare under penalty of perjury that the foregoing is true and correct.

Executed on this 12 day of November 2012.

Heldi M. Smith

SUMMARY SHEET

Amounts Medicaid Paid in Excess of Pharmacy Acquisition Cost ("PAC") 2003 to 2011

2003 \$1,086,865.77 2004 \$9,949,858.22 2005 \$13,861,813.01 2006 \$19,746,719.87 2007 \$17,761,835.57 2008 \$19,598,476.81 2009 \$26,755,721.57 2010 \$32,730,272.37 2011 \$29,250,045.20 ¹		Year	Amount
		2003	\$1,086,865.77
		2004	\$9,949,858.22
		2005	\$13,861,813.01
		2006	\$19,746,719.87
		2007	\$17,761,835.57
		2008	\$19,598,476.81
		2009	\$26,755,721.57
•		2010	\$32,730,272.37
		2011	\$29,250,045.20 1
	TOTAL (after adjustments for Settling States)		\$170,741,608.38 2
-			

<sup>1</sup> The total amount Medicaid paid in excess of PAC for Q4 2011 was estimated by calculating the average of the total amounts Medicaid paid in excess of PAC for Q1 2011 through Q3 2011. That average was added to the amounts Medicaid paid in excess of PAC for Q1 2011 through Q3 2011 to arrive at an estimate for the total amount Medicaid paid in excess of PAC for 2011.

<sup>&</sup>lt;sup>2</sup> The total amount Medicaid paid in excess of PAC, based on national data, was reduced using data reported by the Settling States of California, Hawaii, Illinois, Nevada and Texas. Reductions were applied for the following time periods: California - 2003 - 2003 - 2008; Hawaii - 2003 - Q1 2009; Nevada - 2003 - Q3 2008; and Texas - 2003 - Q2 2006.

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STATE	CODE	PRODUCT	PACKAGE SIZE	PERIOD COVERED (BY QUARTER)	PRODUCT FDA LIST NAME	UNITS REIMBURSED	NO. OF PRESCRIPTIONS	TOTAL AMOUNT REIMBURSED	MEDICAID AMOUNT REIMBURSED	NON-MEDICAID AMOUNT REIMBURSED	REIMBURSEMENT/UNIT ("RPI")	PHARMACY ACQUISITION COST ("PAC")	AMOUNT MEDICAID REIMBURSED IN EXCESS OF PAC
- 2 18	776	2940	-	2011 01	ADVATE 250	11 228 DO	8	33805 03	33605.03	c	9	6	071074
	944	2940		201102	ADVATE 250	28 651 00	8.5	22227 16	22227 18	•	91.08	80.83	34,654.85
_	94	2940		201103	ADVATE	1 958 00	8.5	1203 7	1203 7		10.04		-\$3,308.27
	944	2940		201101	ADVATE 500	00 00 01	8	12606.08	12808 08	•	20.00		#2.110¢-
_	944	2940	٥ ا	2011 02	ADVATE 500	53.816.00	23.00	40537 78	40537 78		57.14		\$3,214.01
NS	944	2940	8	2011 Q3	ADVATE	11.880.00	4.00	7303.35	7303.35		50.8		53 745 05
8 US	944	2940	ı m	2011 Q1	ADVATE 1,0	3,090.00	.07	3423,41	3423.41		\$1.11		\$549.71
_	944	2940	ო	2011 02	ADVATE 1,0	2,082.00	2.00	2358.49	2358.49	0	\$1.13		\$422.23
_	944	2940	4	2011 02	ADVATE	497.00	1.00	309.17	309.17	0	\$0.62		-\$153.04
<u>+</u>	944	2941	우	2011 01	ADVATE 200	1,238,039.00	363.00	1383878.77	1364976.94	18901.83			\$213,600.67
_	944	2941	9	201102	ADVATE 200	1,688,107.10	462.00	1975866.55	1872547.29	103319.26			\$302,607.69
_	944	2941	9	2011 03	ADVATE 200	1,322,347.00	344.00	1524579.47	1516578.41	8001.06			\$286,795.70
	944	2942	9	2011 Q1	ADVATE 401	4,377,524.00	631.00	4995147.39	4904170.61	90976.78			\$833,073.29
<u>ئة</u> 2	944	2942	9	201102	ADVATE 401	4,744,240.40	716.00	5877312.85	5378230.64	499082.21	\$1.13		\$966,087.07
	944	2942	5	2011 Q3	ADVATE 401	3,033,957.39	466.00	3541034.01	3446339.18	94694.83			\$624,758.81
	94	2943	9	2011 Q1	ADVATE 801	5,164,024.00	434.00	6031949.89	5986313.3	45636.59		\$0.93	\$1,183,770.98
§ ₽	944	2943	5	2011 02	ADVATE 801	5,598,815.80	491.00	6814156.55	6471240.02	342916.53			\$1,264,341.33
_	94	2943	5	2011 Q3	ADVATE 801	5,302,622.50	433.00	6183196.25	5882979.55	300216.7	\$1.11		\$951,540.63
_	944	2944	9	2011 Q1	ADVATE 1,2	7,295,962.00	391.00	8298474.33	8044873.03	253601.3	\$1.10	\$0.93	\$1,259,628.37
	94	2944	5	2011 02	ADVATE 1,2	7,985,224.00	429.00	9014219.92	8788815.3	225404.62			\$1,362,556.98
	944	2944	9	2011 Q3	ADVATE 1,2	5,106,373.60	299.00	5666819.16	5495722.78	171096.38		\$0.93	\$746,795.33
73 CS	944	2945	9	2011 Q1	ADVATE 1,8	11,786,688.20	455.00	13381365.99	12842008.61	539357.38	\$1.09		\$1,880,388.58
_	944	2945	9	2011 02	ADVATE 1,8	13,310,378.80	550.00	15684848.49	14140702.92	1544145.57		\$0.93	\$1,762,050.64
	944	2945	9	2011 Q3	ADVATE 1,8	10,140,756.10	433.00	11834885.47	10794984.72	1039900.75	\$1.06		\$1,364,081,55
_	944	2946	9	2011 Q1	ADVATE 2,4	16,115,530.20	440.00	18163999.69	17328327.78	835671.91	\$1.08		\$2,340,884,69
_	944	2946	9	2011 02	ADVATE 2,4	19,619,015.90	00.009	23066706.13	20651296.66	2415409.47	\$1.05		\$2,405,611.87
28 08	944	2946	5	2011 Q3	ADVATE 2,4	14,560,859.10	431.00	16378599.31	15739052.59	639546.72	\$1.08		\$2,197,453.63
8												Q1 - Q3 actual	\$21,937,533.90
<u></u>												Q4 projected	\$7,312,511.30
35												Total Q1-Q4	\$29,250,045.20
<u>ج</u> [ج													
s K													-
98											TOTAL AMOUNT MEDICAID REIMBURSED IN	ID REIMBURSED IN	
37											EXCESS OF PAC FOR 2011:	11:	\$29,250,045.20

2011 (Q1 - Q3)

z	AMOUNT MEDICAID REIMBURSED IN EXCESS OF PAC	\$1,322.66	-\$1,580.90	\$346.55	\$13,418.14	\$13,470.72	\$10,644.67	\$6,039.30	\$299,446.95	\$270,362.02	\$445,730.16	\$833,002.72	\$574,952.18	\$1,009,318.38	\$1,092,741.43	\$973,334.47	\$1,917,455.43	\$1,457,727.56	\$1,192,325.98	\$1,393,883,13	\$1,618,981.39	\$1,417,293.85	\$971,042.96	\$3,199,205.60	\$2,020,020,09 \$2,081,654.36	\$1 199 672 53	\$3,173,298,33	\$2,516,741.41					\$32,730,272.37
Σ	PHARMACY AM ACQUISITION R COST ("PAC") E	\$0.92	\$0.92	\$0.92	\$0.92	\$0.92	\$0.92	\$0.92	\$0.92	\$0.92	\$0.92	\$0.92	\$0.92	\$0.92	\$0.92	\$0.92	\$0.92	\$0.92	\$0.92	\$0.92	\$0.92	\$0.92	\$0.92	\$0.92	\$0.92	\$0.92	\$0.92	\$0.92				EIMBURSED IN	
-4	REIMBURSEMENT/UNIT ("RPI")	\$1.26	\$0.75	\$1.07	\$1.11	\$1.25	\$1.30	\$1.25	\$1.23	\$1.20	\$1.19	\$1.17	\$1.10	\$1.12	\$1.20	\$1.17	\$1.19	\$1.16	\$1.16	\$1.10	\$1.11	\$1.11	\$1.01	\$1.14	- 00	\$1.02	100.18	\$1.06				TOTAL AMOUNT MEDICAID REIMBURSED IN	EXCESS OF PAC FOR 2010:
×	NON-MEDICAID R AMOUNT REIMBURSED	\$0.00	00:0\$	\$0.00	\$47,551.48	\$31,872.10	\$75,670.56	\$3.00	\$2,385.00	\$35,758.33	\$28,162.31	\$36,995.00	\$39,453.42	\$202,706.77	\$89,949.31	\$176,579.37	\$134,083.66	\$214,545.38	\$242 145 99	\$360,915.72	\$292,855.37	\$541,941.84	\$1,463,792.59	\$995,865.12	\$1,040,003.30	\$1,738,253.89	\$1,631,702.00	\$1,400,349.64				F	<b>Ш</b>
r	MEDICAID AMOUNT REIMBURSED	\$4,929.06 \$13,812.62	\$7,155.42	\$2,507.63	\$80,042.70	\$51,587.06	\$36,738.63	\$22,884.50	\$1,176,976.07	\$1,148,587.58	\$1,952,963.42	\$3,847,574.08	\$3,596,551.42	\$5,549,832.15 \$5,742,361,59	\$4,667,282.75	\$4,588,709.81	\$8,571,948.83	57,144,234.50	\$6,702,927.36	\$8,413,402.17	\$9,645,959.31	\$8,292,092.11	\$10,498,175.09	\$16,779,662.23	\$13,045,044.01	\$12,551,799,27	\$20,648,704,95	\$19,049,273.89					
	TOTAL AMOUNT REIMBURSED	\$4,929.06	\$7,155.42	\$2,507.63	\$127,594.18	\$83,459.16	\$112,409.19	\$22,887.50	\$1,179,361.07	\$1,184,345.91	\$1,981,125.73	\$3,884,569.08	\$3,636,004.84	\$5,752,538.92 \$5,886,783,95	\$4,757,232.06	\$4,765,289.18	\$8,706,032.49	\$7,358,779.88	\$6,039,494.36	\$8,774,317.89	\$9,938,814.68	\$8,834,033.95	\$11,961,967.68	\$17,775,527.35	\$14.289.139.51	\$14,290,053,16	\$22,280,406.95	\$20,449,623.53					
¥	NO. OF PRESCRIPTIONS	80 4	· 40 0	2 6	<b>80</b> 7	4 (	1 10	- 0	275	276	455	462	444	069	310	342	611	493	305	395	416	257	364	570	357	348	570	476					
9	UNITS REIMBURSED	3,920.00	9,496.00	2,349.00	72,418.00	2.150.00	28,363.00	18,310.00	953,836.00	954,593.00	1,638,297.02	3,276,708.00	3,284,347.00	4,935,341.05	3,885,371.00	3,929,755.80	7,233,145.00	6,180,985.80	5,009,043,00	7,629,912.00	8,724,976.00	7,472,606.80	10,355,578.40	14,761,365.90	11 909 602 00	12,339,268,20	18,995,007.20	17,970,144.00					
	T FDA AME	ADVATE ADVATE 250	ADVATE 250	ADVATE 500	ADVATE 1,0	ADVATE 1,0	ADVATE 1,5	ADVATE 1,8	ADVATE 200	ADVATE 200	ADVATE 200	ADVATE 401	ADVATE 401	ADVATE 401	ADVATE 801	ADVATE 801	ADVATE 801	ADVAIE 801	ADVATE 1,2	ADVATE 1,2	ADVATE 1,2	ADVATE 1,8	ADVATE 1,8	ADVATE 1,8	ADVATE 2.4	ADVATE 2.4	ADVATE 2,4	ADVATE 2,4					
ш	PERIOD COVERED (BY QUARTER)	2010 Q1 2010 Q2	2010 04	2010 G3	2010 Q1	2010 02	2010 02	2010 Q2	2010 Q1	2010 02	2010 03	2010 01	2010 02	2010 Q3 2010 Q4	2010 Q1	2010 02	2010 Q3	2010 04	2010 02	2010 Q3	2010 Q4	2010 Q1	2010 02	2010 Q3	2010.01	2010 02	2010 03	2010 Q4					
۵	PACKAGE SIZE		· r	7 7	e .	m m	. 4	5 5	2 8	9	£ £	9	2	5 5	9	5	5 5	2 \$	2 2	5	10	2	₽ :	5 5	5 5	5	10	01					
ပ	PRODUCT CODE	2940 2940	2940	2940	2940	2940	2940	2940	2941	2941	2941	2942	2942	2942	2943	2943	2943	2943	2944	2944	2944	2945	2945	2945	2946	2946	2946	2946					
æ	LABELER CODE	946 446 446	44.5	944	944	944	944	944	944	944	944	944	944	944 944	944	944	944	944	944	944	944	944	944	440	944	944	944	944					
4	STATE CODE	3 S S	S 2			10 CS	11 SS SS	12 US	14 US	\$ S	16 US	18 US	19 US	20 US 21 US	22 US	23 US	24 US	20 20	27 US	28 US	29 US	S C	31 CS	37 US	34 S	35 US	36 US	37 US	နှုန်	<del>4</del>	<b>4</b> 5	14	46 45

2010 (Q1-Q4)

	AMOUNT MEDICAID REIMBURSED IN EXCESS OF PAC	\$21.70	\$179.47	09.107,14	\$5 990 07	\$35.873.99	\$19,282,12	-\$1,906.52	-\$15,239.41	\$24,510.23	\$48,928.90	\$22,916.53	\$31,881.97	\$120,230.70	\$2,510.59	-\$18,895.44	-\$16,196.52	\$214,257.68	\$243,289,68	\$248,538.99	\$842,658.25	\$815,850.88	\$577,488.05	\$1 190 372 47	\$1,374,016.50	\$964,139.42	\$1,002,791.78	\$430,057,57	\$1,019,550,53	\$940,613.82	\$1,801,689.90	51,413,058.10	\$571,283,11	\$1,860,320.47	\$2,719,612.02	\$2,445,998.49	\$2,714,217.35	\$27,156,724.82	\$401,003.25	the second for
	AMOUNT REIMBURSE OF	3	e c	าต	o er	. m	. 60	. 60	60	69	. 3	en e	n c	0 60	. 60	3	es -		ກຸຕ	. 60	9	en c	n e	o en	9	e	en e	2 6	<b>,</b> e	8	e e	<b>.</b>	າຕ	. 6	8	e .	m			
2	PHARMACY ACQUISITION COST ("PAC")	\$0.9	\$0.93	#0.93	\$0.93	\$0.93	\$0.93	8.03	\$0.93	\$0.93	\$0.93	\$0.93	80.93	50.93	\$0.9	\$0.93	\$0.93	\$0.93	80.08	\$0.93	\$0.93	\$0.93	\$0.93 \$0.93	\$0.93	\$0.93	\$0.93	\$0.93	80.93	\$0.93	\$0.93	\$0.93	8.04	\$0.93	\$0.93	\$0.93	80.8	\$0.8		sess of PAC to	REIMBURSED IN
-	REIMBURSEMENT/UNIT ("RPI")	\$1.01	\$1,11	50.83	\$1.35	\$3.84	\$1.64	\$0.84	\$0.73	\$1.08	\$1.71	\$1.16	91.49	\$0.95	\$1.12	\$0.22	\$0.22	\$1.18	\$1.20	\$1.17	\$1.19	\$1.16	51.12	\$1.17	\$1.18	\$1.18	51.15	51.13	\$1.16	\$1.10	\$1.12	81.05	\$0.99	\$1.09	\$1.12	\$1.13	\$1.12		Less: Reimbursements in Excess of PAC to Settling States Hawaii and Illinois:	TOTAL AMOUNT MEDICAID REIMBURSED IN
,	NON-MEDICAID R AMOUNT REIMBURSED	\$0.00	20.00	\$0.00	20.00	\$0.00	80.00	\$0.00	\$38,923.20	\$213,510.03	\$71,056.56	\$3,190.32	\$77,430.90 \$35,015,21	\$0.00	\$0.00	\$22,861.44	\$19,595.52	\$10,625.14	\$22,996.59	\$18,429.53	\$40,458.27	\$35,669.36	571 672 29	\$219,568.81	\$375,831.69	\$355,344.26	\$306,365.43	\$464 927 40	\$346,568.34	\$488,916,15	\$521,084.94	\$1,034,420.23 \$1,386,290.89	\$1,469,433.58	\$695,341.49	\$1,108,754.15	\$939,373.39	51,238,344,12		3 %	26
-	MEDICAID AMOUNT REIMBURSED	\$263.50	\$1,124.35	\$1,5661.34	\$19.195.14	\$47,352.05	\$44,622.76	\$16,915.75	\$56,605.88	\$175,545.02	\$107,059.48	\$114,194.17	\$487,172.03	\$57,712.50	\$14,921.44	\$5,712.36	\$4,895.88	\$1,026,982.82	\$1,086,347.70	\$1,230,679.44	\$3,882,663.64	\$4,168,443.22	\$3.864.660.22	\$5,818,062.70	\$6,575,595.77	\$4,493,905.13	\$5,154,907.91	\$6.796.938.49	\$5,204,872.31	\$6,142,986.39	\$10,405,099.65	\$8.425.714.62	\$9,476,623.66	\$12,764,830.87	\$16,026,920.64	\$13,626,020.46	\$16,129,979.43			
-	TOTAL AMOUNT REIMBURSED	\$263.50	\$1,124.35	\$1.661.34	\$19,195,14	\$47,352.05				\$389,055.05	\$178,116.04	\$117,384.49	\$723 106 88	\$57,712.50	\$14,921.44	\$28,573.80		\$1,037,507.95				\$4,204,112.58 \$3,461,185,96					\$5,461,273.34				\$10,926,184.59		•				\$17,368,323.55			
1	NO. OF PRESCRIPTIONS	-	- ~	. 4	. 60	· C	<b>±</b>	8	00	24	\$ 1	80	* 0	, ~	8	•	- :	329	236	288	429	510	453	329	392	278	348	328	226	284	318	310	306	308	388	361	CRF			
	UNITS	260.00	7,016.00	2,009,00	14,199,00	12,342.00	27,248.00	20,239.00	77,253.00	162,403.00	62,506.00	98,148.00	71 973 00	60,750.00	13,345.00	26,460.00	22,680.00	1 126 099 00	906,514.00	1,056,065.00	3,268,823.00	3,604,938.00	3.392.028.00	4,976,011.00	5,593,095.99	3,795,447.00	3 970 478 00	6,139,151,60	4,500,346.00	5,593,949.00	9,250,978.23	7 940 492 00	9,575,635.00	11,725,280.00	14,308,934.00	12,021,529.00	14,425,550.62			
	PRODUCT FDA LIST NAME	ADVATE ANT	ADVATE ANT	ADVATE 250	ADVATE 500	ADVATE ANT	ADVATE 500	ADVATE 500	ADVATE 1,0	ADVATE 1,0	ADVATE 1,0	ADVAIE 1,0	ADVATE 1.5	ADVATE 1,5	ADVATE 1,5	ADVATE ANT	ADVATE ANT	ADVATE 200	ADVATE 200	ADVATE 200	ADVATE 401	ADVATE 401	ADVATE 401	ADVATE 801	ADVATE 801	ADVATE 801	ADVATE 801	ADVATE 1.2	ADVATE 1,2	ADVATE 1,2	ADVATE 1.8	ADVATE 1.8	ADVATE 1,8	ADVATE 2,4	ADVATE 2,4	ADVATE 2,4	AUVAIE 2,4			
u	PERIOD COVERED (BY QUARTER)	2009 Q1	2009 02	2009 Q4	2009 Q1	2009 02	2009 Q3	2009 04	2009 Q1	2009 02	2009 Q3	2009 04	2003	2009 Q3	2009 Q4	2009 Q1	2009 02	2009 02	2009 03	2009 Q4	2009 Q1	2009 02	2009 04	2009 Q1	2009 02	2009 Q3	2009 0.4	2009 02	2009 Q3	2009 04	2009 Q1	2009 03	2009 Q4	2009 Q1	2009 Q2	2009 03	2003			
c	PACKAGE SIZE	-	- *	• •	. 24	2		2			e (	m v	7	4								5 5																		
C	PRODUCT	2940																																						
8	CODE	944	4 2	944	944	944	944	944	944	944	944	944	944	944	944	944	444	¥ 4	944	944	944	944	46	944	944	44.	4 4	944	944	944	944	4	946	944	944	944	<del>1</del>			
\ 	STATE	- R	2 K	e Ce	e Ins	2 Ins	S)	SN 6	10 US	11 US	12 US	2 2	15 13	16 US	17 US	13 S	2 2	21 US	22 US	23 US	24 US	25 US	27 US	28 US	29 US	S :	32 108	33 US	34 US	35 US	36 US	38 US	39 US	40 US	41 US	42 OS	\$ <del>\$</del>	46 45	47	\$ 8 2 8

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(		,	2	1	-			-				Σ	2
STATE	LABELER	PRODUCT	PACKAGE	PERIOD COVERED	PRODU	Capalina Strike	NO. OF	TOTAL AMOUNT	MEDICAID AMOUNT	NON-MEDICAID	REIMBURSEMENT/JUNIT	PHARMACY	AMOUNT MEDICAID
CODE	CODE	CODE	SIZE	(BY QUARTER)	LIST NAME	ONI S REIMBORSED	PRESCRIPTIONS	REIMBURSED	REIMBURSED	REIMBURSED	("RPI")	COST ("PAC")	EXCESS OF PAC
S S	944	2940	-	2008 Q1	ADVATE 250	243,146.00	98	\$303,880.22	\$303,880.22	\$0.00	\$1.25	\$0.92	\$80,185.90
<u>က</u>	944	•	Υ	2008 02	ADVATE 250	154,011.00	32	\$211,232.49	\$193,263.58	\$17,968.91		\$0.92	\$51,573.46
S)	944		-	2008 Q3	ADVATE 250	48,521.00	13	\$68,338.81	\$68,338.81	\$0.00		\$0.92	\$23,699.49
	944		- 1	2008 04	ADVATE 250	21,918.00	9 ;	\$25,040.33	\$25,040.33	\$0.00		\$0.92	\$4,875.77
9 CS	944		2.0	2008 Q1	ADVATE 500	298,873.00	48	\$370,949.38	\$369,730.48	\$1,218.90		\$0.92	\$94,767.32
3 5	944		21.0	2008 02	ADVATE 500	161,027.00	61	\$194,859.04	\$189,708.24	\$5,150.80		\$0.92	\$41,563.40
	944		2	2008 03	ADVATE 500	89,859.00	4	\$118,947.90	\$118,947.90	\$0.00		\$0.92	\$36,277.62
S)	944		5	2008 Q4	ADVATE 500	85,286.00	=	\$115,912.52	\$115,912.52	\$0.00	\$1.36	\$0.92	\$37,449.40
10 US	944		e	2008 Q1	ADVATE 1,0	1,373,678.00	91	\$1,271,368.80	\$1,271,350.80	\$18.00		\$0.92	\$7,567.04
11 US	944		e	2008 02	ADVATE 1,0	605,971.00	38	\$742,499.48	\$529,751.02	\$212,748.46		\$0.92	-\$27,742.30
12 US	944		9	2008 Q3	ADVATE 1,0	208,976.00	. 52	\$286,739.88	\$279,824.88	\$6,915.00	\$1.34	\$0.92	\$87,566.96
13 US	944		က	2008 Q4	ADVATE 1,0	42,004.00	12	\$143,757.81	\$50,477.01	\$93,280.80		\$0.92	\$11,833.33
14 US	944		4	2008 Q.1	ADVATE 1,5	606,299.00	24	\$725,830.98	\$725,606.98	\$224.00		\$0.92	\$167,811.90
	944		4	2008 Q2	ADVATE 1,5	250,174.00	12	\$284,222.36		\$11,125.37		\$0.92	\$42,936.91
16 US	944		4	2008 Q3	ADVATE 1,5	131,171.00	.01	\$178,469.57	4	\$11,841.04		\$0.92	\$45,951.21
	944		4		ADVATE 1,5	143,601.00	O	\$203,894.90		\$163,115.92		\$0.92	\$91,333.94
18 US	944		5		ADVATE 1,8	46,247.00	2	\$44,932.98	\$21,532.98	\$23,400.00		\$0.92	-\$21,014.26
19 US	944		10		ADVATE 1,8	40,276.00	2	\$45,494.73	\$33,631.65	\$11,863.08		\$0.92	-\$3,422.27
S 20 20	944		10		ADVATE 1,8	15,840.00	-	\$17,040.84	\$3,405.77	\$13,635.07	\$0.22	\$0.92	-\$11,167.03
21 US	944		10		ADVATE 1,8	15,380.00	-	\$19,225.00	\$19,222.00	\$3.00		\$0.92	\$5,072.40
22 US	944		9		ADVATE 200	863,233.00	237	\$1,043,431.65	\$1,009,655.58	\$33,776.07	\$1.17	\$0.92	\$215,481.22
S 55	944		9	•	ADVATE 200	843,365.00	231	\$1,046,598.44	\$1,035,723.34	\$10,875.10		\$0.92	\$259,827.54
2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	444		2 \$		ADVATE 200	1,232,899.00	303	\$1,471,352.49	\$1,420,231.78	\$51,120.71	51,15	\$0.92	\$285,964.70
50 50	946		5 5		ADVATE 200	1,167,100	987	\$1,3/3,354.61	30,305,105,13	\$74,U58.85		\$0.92	\$227,098.32
3 2	770		5 5		ADVAID 401	2 540 956 00	260	62 000 007 79	52,007,400.10 62,004,464.70	\$4,330.20	51.15	\$0.92	\$376,127.60
28 28	7 70		2 5		ADVATE 401	2,549,936.00	203	\$3,090,997.70 €2,640,569,50	63,004,464,70	50,013,00 60,440,63		\$0.92	\$7.38,525.18
Siles	944		2 5		ADVATE 401	3 168 609 50	245	\$3 778 963 32	\$3,663,060,11	\$115 png 21		\$0.92	£747 030 37
30 08	944		5 5		ADVATE 801	3 766 386 00	288	\$4 696 724 61	\$4 657 357 64	\$39,366,97		\$0.92	\$147,939.37 \$1 100 080 E0
34 08	944		2		ADVATE 801	4 733 671 00	337	\$5,672,815.08	\$5 313 218 75	\$359 596 33		\$0.02	CO58 241 43
32 US	944		9		ADVATE 801	4.592.219.00	339	\$5 419 440 34	\$5 181 590 18	\$237,850,16		\$0.92	\$956 74B 70
33 US	944		5		ADVATE 801	4.969.477.00	323	\$6,135,344.88	\$5,915,735,32	\$219,609,56		\$0.92	\$1 343 816 48
34 US	944		10		ADVATE 1,2	3,966,977.00	193	\$4,719,690.05	\$4,713,424.42	\$6,265,63		\$0.92	\$1.063.805.58
35 US	944		10		ADVATE 1,2	5,025,704.00	240	\$5,939,150.51		\$290,444.48		\$0.92	\$1,025,058,35
36 US	944		10		ADVATE 1,2	5,866,561.00	312	\$7,253,961.72		\$344,762.87		\$0.92	\$1,511,962.73
37 US	944		10		ADVATE 1,2	4,254,031.03	228	\$5,038,174.33		\$281,500.48		\$0.92	\$842,965.30
38 US	944		5		ADVATE 1,8	6,572,400.50	231	\$7,961,306.08	\$7,696,424.02	\$264,882.06		\$0.92	\$1,649,815.56
<u>8</u>	944		10		ADVATE 1,8	9,213,482.00	340	\$10,894,704.85	\$9,773,769.37	\$1,120,935.48	\$1.06	\$0.92	\$1,297,365.93
40 CS	944		9		ADVATE 1,8	9,507,401.00	358	\$11,471,986.09	\$10,171,340.41	\$1,300,645.68		\$0.92	\$1,424,531.49
S :	944		9		ADVATE 1,8	10,111,584.00	342	\$11,864,850.37	\$10,935,536.22	\$929,314.15		\$0.92	\$1,632,878.94
42 US	944		2 9	2008	ADVATE 2,4	6,133,889.00	143	\$7,100,832.19	\$6,927,012.95	\$173,819.24		\$0.92	\$1,283,835.07
243	944		2 9	2008 02	ADVAIE 2,4	37,320,176,7	181	\$9,255,788.88	\$8,751,704.46	\$504,084.42		\$0.92	\$1,418,125.94
3 9	44.6		2 5	2000	AUVA16 2.4	10,774,233.73	707	\$12,041,239.43	\$17,900,351.05	30/4/000.30		\$0.92	\$2,054,035,76
	440		2	2002	ADVAIE 2,4	11,347,133.02	587	312,882,654.42	\$12,333,246.05	\$549,408.37	80.13	\$0.92	\$1,893,883.67
14													\$25,812,270.80
8 0											Less: Reimbursements in Excess of PAC to	cess of PAC to	
203											Settling States California, Flawaii, Illinois, and Nevada:	wall, Illinois, and	\$6.213.793.99
51													
123											IOTAL AMOUNT MEDICAID REIMBURSED IN EXCESS OF PAC FOR 2008:	J REIMBURSED IN 3:	\$19,598,476,81
24													

2008 (Q1-Q4)

B z o	78.82	86.62	660 210 57	67.00	34.83	\$79.081.22	42.59	40.03	10.00	07.87	88.82	50.64	38.68	4. 67	61.57	20.05	92.70	03.59	\$91,711.52	\$36,539.69	46.09	04.52 25.28	\$43 039 37	19.20	69.69	80.86	72.03	27.27	78.65	\$43,708.10	105.62	131.75	10.78	286.42	282.92	139.82	181.88	99.16	125.28			189.71		335.57	 were	70		
AMOUNT MEDICAID REIMBURSED IN EXCESS OF PAC	\$287,178.82	\$182,086.62	6603	\$428 567 00	\$364 034 83	0,478	\$126.5	\$660,042.3	\$660,049.90 \$E64.070.06	07.8/7,T00¢	\$542,8	\$297,250.64	\$1,364,738.68	\$601,101.4 \$7,020,021.8	\$29236157	\$1 442 759 88	\$409,692.70	\$509,303.59	\$91,7	\$36,5	\$178,546.09	\$246,264.52 \$194.32	\$43.0	\$221,019.20	\$363,765.69	\$368,680.86	\$114,682.09	\$424,412.22 \$895 394 DO	\$1.125.078.65	\$43,7	\$770,805.62	\$1,218,831.75	\$1,131,110.78	\$232,286.42	\$1,453,895.92	\$1,003,085.U3 \$1,356,039,82	\$146 981 88	\$1,004,599.16	\$21 908 025 28			\$4,146,189.71		\$17,761,835.57	ursement amounts v Amount Reimburse	i, therefore, reported 17 to determine		
PHARMACY ACQUISITION COST ("PAC")	\$0.94	\$0.94	16.05 16.05	\$0.00 \$0.00	\$0.94	76.0%	46.0%	40.08	40.09	46.04	40.94	\$0.94	\$0.94	40.94	40.34 40.04	\$0.94 50.94	\$0.94	\$0.94	\$0.94	\$0.94	40.04	\$0.94 \$0.94	\$0.94	\$0.94	\$0.94	\$0.94	46.04	\$0.94	\$0.94	\$0.94	\$0.94	\$0.94	\$0.94	\$0.94	40.94	46.08 46.08	20.94	\$0.94		cess of PAC to	waii, Illinois, and		S REIMBURSED IN	2"	e changed so that reimbu sed" and "Non-Medicaid	vas not required and was used for vears 2003 - 200		
REIMBURSEMENT/JUNIT ("RP!")	\$1.24	\$1.20	\$1.19	\$1.13	\$1.17	\$1.05	\$1 19	A 10.5		\$1.12	41.14	\$1.10 \$1.10	\$1.1¢	#1.00	\$1.18	\$1.20	\$1.12	\$1.23	\$1.08	\$1.15	\$1.20	\$1.22	\$1.34	\$1.23	\$1.21	\$1.18	\$1.07	\$1.20	\$1.22	\$1.24	\$1.19	\$1.16	\$1.19	\$1.15	17.78	\$1.20	\$1.33	\$1.18		Less: Reimbursements in Excess of PAC to	Settling States California, Hawaii, Illinois, and	Nevada:	TOTAL AMOUNT MEDICAID REIMBURSED IN	EXCESS OF PAC FOR 2007	* Beginning in Q4 2007, the reporting requirements were changed so that reimbursement amounts were reflected in two categories: "Medicaid Amount Reimbursed" and "Non-Medicaid Amount Reimbursed."	Prior to Q4 2007, splitting the data into two categories was not required and was, therefore, reported inconsistently. Thus, "Total Amount Reimbursed" was used for years 2003 - 2007 to determine	(PI").	
TOTAL AMOUNT REIMBURSED⁴	\$1,177,038.28	\$828,702.28	\$333 036 03	\$2 508 837 87	\$1,880,576,31	\$780,669.02	\$602 174 13	\$6.086.215.91	£3 445 704 98	60,440,704.90	93,070,044.64	\$2,089,760.14	\$6,904,151.15	\$4,001,410.19 \$2,160,375,64	\$1.461.692.43	\$6.607.391.54	\$2,599,887.06	\$2,182,299.61	\$704,302.00	\$201,590.53	\$816,397.19	\$1,002,413.66	\$144,897.77	\$948,254.90	\$1,648,587.77	\$1,797,994.10	\$1.034.105.58	\$4.421.957.22	\$4,947,319.62	\$180,478.10	\$3,688,527.08	\$6,387,248.04	\$5,460,813.78	\$1,288,696.02	\$0,048,655.52	\$7,754,500.34	\$497.251.26	\$4,914,161.62							Beginning in Q4 2007, the effected in two categories	rior to Q4 2007, splitting reconsistently. Thus. "Total	reimbursement per unit ("RPI").	
NO. OF PRESCRIPTIONS	186	0.50 20.50	2 8	321	237	122	84	323	525	767	100	85	248	202	2 77	158	11	48	20	17	94.	216	14	132	224	222	911	264	288	7	135	231	196	27	241	201	=	96							, :	a. <u>.</u> =		
PRODUCT FDA UNITS REIMBURSED LIST NAME	946,659.00	687,889.00	280,555,55	2 3 19 437 00	1,613,342.00	746 370 00	505.991.00	5 772 517 00	3 068 538 00	2,000,530,00	7,066,453.00	1,906,925,00	5,892,992.00	9 122 769 00	1 243 969 00	5.494.289.00	2,329,994.00	1,779,783.00	651,692.00	175,586.00	6/8/565.00	787 285 00	108,360,00	773,655.00	1,366,832.00	1,520,546.00	1 605 994 00	3 751 663 00	4,066,213.80	145,500.00	3,103,959.00	5,498,315.20	4,606,067.03	1,123,840.00	5,421,210.00	6.274.958.00	372.627.00	4,159,109.00										
PRODUCT FDA LIST NAME	ADVATE 250	ADVATE 250	ADVATE 250	ADVATE 500	ADVATE 500	ADVATE 500	ADVATE 500	ADVATE 10	ADVATE 1.0	יי בודאיקא	ADVAIR 1,0	ADVAIE 1,0	ADVAIR 1,5	ADVAIR 1,3	ADVATE 1.5	ADVATE 1.8	ADVATE 1,8	ADVATE 1,8	ADVATE 1,8	ADVATE 200	ADVATE 200	ADVATE 200	ADVATE M	ADVATE 401	ADVATE 401	ADVATE 401	ADVATE 801	ADVATE 801	ADVATE 801	ADVATE SH	ADVATE 1,2	ADVATE 1,2	ADVATE 1,2	ADVATE 1,8	ADVA: E.,o	ADVATE 1,8	ADVATE 2.4	ADVATE 2,4										
PERIOD COVERED (BY QUARTER)	2007 Q1	2007 02	2007 04	2007 01	2007	2007	2007		2007	2002	2007 Q3	2007 04	2007 GT	2007 022	2007 04	2007	2007	2007	2007	2007	7007	2007	2007	2007		2007	2007	2007	2007	2007	2007	2007		2007	7007		2007	2007										
PACKAGE SIZE			-	- ~				160					4 4	•	. 4																					5 5												
PRODUCT CODE	2940	2940	2940	2940	2940	2940	2940	2940	2940	2940	2940	2940	2940	2940	2940	2940	2940	2940	2940	2941	2941	2941	2942	2942	2942	2942	2943	2943	2943	2944	2944	2944	2944	2945	2943	2945	2946	2946										
LABELER CODE	944	9 9 9	944	944	944	944	944	944	770	944	944	44.0	946	944	944	944	944	944	944	944	4 2 4	944	944	944	944	944	440	944	944	944	944	944	944	944	946	9 44	944	944										
STATE	sn s	S =	S	Sn	SN SN	Sn	SO SO	Sn	S 4	3 2	2 2	2 5	20	2 2	SO	S S	ns	Sn	Sn	S S	3 2	s s	l S	ns	Sn	S S	3 2	S	S	ns	Sn	sn:	S 5	S S	3 5	3 2	s s	43 US										

2007 (Q1-Q4)

Т		06	07	29	33	49	85	-6	89	32	ಜ	20	45	G I	26	2	25	22	8	8	04		8	87	
z	AMOUNT MEDICAID REIMBURSED IN EXCESS OF PAC	\$159,440.90	\$321,206.07	\$331,198.59	\$354,648.33	\$723,433.64	\$238,573,85	\$1,273,221.40	\$1,182,915.68	\$2,254,759.32	\$2,722,198.33	\$3,050,140.59	\$1,613,607.45	\$1,991,883.50	\$1,819,809.67	\$1,707,475.13	\$1,936,404.50	\$227,389.22	\$888,512.93	\$1,553,849.30	\$24,350,668.40		\$4,603,948.53	\$19,746,719.87	at reimbursement red" and "Non- r two categories was mount Reimbursed" RP").
×	PHARMACY ACQUISITION COST ("PAC")	\$0.93	\$0.93	\$0.93	\$0.93	\$0.93	\$0.93	\$0.93	\$0.93	\$0.93	\$0.93	\$0.93	\$0.93	\$0.93	\$0.93	\$0.93	\$0.93	\$0.93	\$0.93	\$0.93	cess of PAC to	waii, Illinois,		REIMBURSED 106:	s were changed so the sid Amount Reimburs splitting the data into sently. Thus, "Total A cursement per unit (")
7	REIMBURSEMENT/UNIT ("RPI")	\$1.29	\$1.29	\$1.28	\$1.26	\$1.30	\$1.03	\$1.39	\$1.37	\$1.22	\$1.21	\$1.28	\$1.17	81.34	\$1.24	ZZ.F&	\$1.23	\$1.38	\$1.33	\$1.23	Less: Reimbursements in Excess of PAC to	Settling States California, Hawaii, Illinois,	Nevada and Texas:	TOTAL AMOUNT MEDICAID REIMBURSED IN EXCESS OF PAC FOR 2006:	* Beginning in Q4 2007, the reporting requirements were changed so that reimbursement amounts were reflected in two categories. "Medicald Amount Reimbursed" and "Non-Medicald Amount Reimbursed." Prior to Q4 2007, splitting the data into two categories was not required and was, therefore, reported inconsistently. Thus, "Total Amount Reimbursed" was used for years 2003 - 2007 to determine reimbursement per unit ("RPI").
	TOTAL AMOUNT RE REIMBURSED	\$567,792.74	\$1,139,633.97	\$1,203,237.27	\$1,352,662.95	\$2,548,810.67	\$2,557,540.94	\$3,853,836.55	\$3,692,484.41	\$9,498,378.66	\$11,682,907.36	\$11,139,030.42	\$7,932,514.77	\$6,555,868.73	\$7,239,265.44	\$7,100,078.30	\$7,989,683.65	\$701,931.02	\$2,949,086.03	\$6,433,843.88	se i	Set	ĐZ	T N	Beginning in Q4 2007, mnounts were reflected Aedicaid Amount Reimt for required and was, th was used for years 2003
I	NO. OF PRESCRIPTIONS	129	175	182	215	269	282	300,309	362	512	265	690,537	427	169	272	0121092	9/7	14	640,057	158					
g g	UNITS REIMBURSED	439,088.00	880,030.00	937,676.00	1,073,134.00	1,962,771.00	2,493,513.00	2,774,855.00	2,698,461.00	7,788,838.00	9,635,171.00	8,697,731.00	6,794,524.00	4,907,511.00	5,627,371.80	00.111.078,6	6,519,655,00	910,260.00	2,215,670.00	5,247,306.00					
<u> </u>	PRODUCT FDA LIST NAME	ADVATE 250	ADVATE 250	ADVATE 250	ADVATE 250	ADVATE 500	ADVATE 500	ADVATE 500	ADVATE 500	ADVATE 100	ADVATE 100	ADVATE 100	ADVATE 100	ADVAIE 150	ADVATE 150	ADVATE 150	ADVATE 150	AUVAIE 1,8	ADVATE 180	ADVATE 200					
ш	PERIOD COVERED (BY QUARTER)	2006 Q1	2006 Q2	2006 Q3	2006 Q4	2006 Q1	2006 Q2	2006 Q3	2006 Q4	2006 Q1	2006 Q2	2006 Q3	2006 04	2006 07	2006 02	2000	2006 04	2006 02	2006 Q3	2006 Q4					
d	PACKAGE SIZE	-	-	-	-	2	2	7	7	က	က	ന	m •	4 -	4 ~	4 -	4 ;	2	9	10					
U	PRODUCT	2940	2940	2940	2940	2940	2940	2940	2940	2940	2940	2940	2940	2940	2940	2940	2940	2940	2940	2940					
a	LABELER CODE	944	944	944	944	944	944	944	944	944	944	944	944	944	944	44.6	944	944	944	944					
∢	STATE	SN	SN	Sn	S	s	S	SN	S	SN	s S	s :	S :	3 5	2 5	3 5	3 :	S :	S	SO					
$\dagger$	•	5	3	4	2	9	_	80	6	우	=	2	2];	4 1	0 4	2	-	2	9	3 3	23 22	24	52 26	30 28 27	4 4 4 4 8 3 3 3 4 3 3 3 3 3 3 3 3 3 3 3

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z	AMOUNT MEDICAID REIMBURSED IN EXCESS OF PAC	\$156,924.45	\$152,560.83	\$245,784.87	\$298,276.55	\$315,486.83	\$633,799.31	\$787,971.08	\$913,918.55	\$1,874,119.19	\$2,054,135.11	\$2,405,385.28	\$2,248,032.29	\$1,068,518.08	\$1,364,132.90	\$1,520,258.89	\$1,671,962.87	\$17,711,267.08	•		\$3,849,454.07		\$13,861,813.01	t reimbursement d' and "Non- wo categories wa: nount Reimbursed PI").
Н		8	8	ጽ	8	æ	8	8	æ	8	8	8	8	8	8	ጽ	8					Z		to tha burse into 1 al An iit ("R
×	PHARMACY ACQUISITION COST ("PAC")	\$0.90	\$0.90	\$0.90	\$0.90	\$0.8	\$0.90	\$0.8	\$0.8	\$0.90	\$0.8	\$0.90	\$0.90	\$0.90	\$0.90	\$0.90	\$0.90		xcess of PAC to	waii. Illinois.		D REIMBURSED	ï	s were changed s aid Amount Reimi , splitting the data tently. Thus, "Tot foursement per un
	T/UNIT	\$1.28	\$1.20	\$1.23	\$1.21	\$1.19	\$1.37	\$1.45	\$1.44	\$1.25	\$1.24	\$1.19	\$1.19	\$1.18	\$1.23	\$1.21	\$1.22		ents in E	fornia. Ha	.,	MEDICAL	FOR 200	quirement s: "Medic 0, 0, 2007 d inconsis mine reim
T.	REIMBURSEMENT/UNIT ("RPI")																		Less: Reimbursements in Excess of PAC to	Settling States California, Hawaii, Illinois.	Nevada and Texas:	TOTAL AMOUNT MEDICAID REIMBURSED IN	EXCESS OF PAC FOR 2005:	* Beginning in Q4 2007, the reporting requirements were changed so that reimbursement amounts were reflected in two categories: "Medicaid Amount Reimbursed" and "Non-Medicaid Amount Reimbursed." Prior to Q4 2007, splitting the data into two categories was not required and was, therefore, reported inconsistently. Thus, "Total Amount Reimbursed" was used for years 2003 - 2007 to determine reimbursement per unit ("RPI").
_	TOTAL AMOUNT REIMBURSED	\$531,328.95	\$613,294.23	\$911,248.47	\$1,151,071.55	\$1,298,919.53	\$1,840,153.91	\$2,084,042.18	\$2,426,791.55	\$6,650,572.19	\$7,565,787.31	\$9,785,391.58	\$9,285,104.39	\$4,465,298.98	\$5,052,180.80	\$5,978,496.19	\$6,392,916.47							Beginning in Q4 20 mounts were reflected carbount Re tequired and ware its used for years in
Н	•	8	129	164	165	4	215	43	240	18	399	522	489	162	99	193	861							* 25 %
Ŧ	NO. OF PRESCRIPTIONS	-	-	_	_	<del>-</del>	2	2	2	6	e	2	4	-	-	_	-							
П		5.00	6.00	8.	9.0	3.00	9.00	9.00	0.00	0.0	8.00	8.7	9.00	9.	8	8.	4.00							
9	PRODUCT FDA UNITS REIMBURSED LIST NAME	416,005.00	511,926.00	739,404.00	947,550.00	1,092,703.00	1,340,394.00	1,440,079.00	1,680,970.00	5,307,170.00	6,124,058.00	8,200,007.00	7,818,969.00	3,774,201.00	4,097,831.00	4,953,597.00	5,245,504.00							
Ŀ	PRODUCT FDA LIST NAME	ADVATE 250	ADVATE 250	ADVATE 250	ADVATE 250	ADVATE 500	ADVATE 500	ADVATE 500	ADVATE 500	-	-	_	ADVATE 100	_	_	ADVATE 150	ADVATE 150							
	_ 0 ≅R3	005 Q1	05 Q2	05 Q3	05 Q4	005 Q1	05 Q2	005 Q3	305 Q4	2005 Q1	305 Q2	005 Q3	<b>305 Q4</b>	305 Q1	305 Q2	005 Q3	005 Q4							
E	PERIOD COVERED (BY QUARTE	2	2	2	ŏ	7	×	2	×	Ñ	ñ	2	7	2	Ñ	Ñ	2							
٥	PACKAGE SIZE	-	-	-	Ψ-	2	7	7	7	က	က	က	ო	4	4	4	4							
O	PRODUCT CODE	2940	2940	2940	2940	2940	2940	2940	2940	2940	2940	2940	2940	2940	2940	2940	2940							
В	LABELER CODE	944	944	944	944	944	944	944	944	944	944	944	944	944	944	944	944							
٨	STATE	SN	S	S	SO	Sn	SN	S	S	S	S	S	S	S	Sn	SN	SN							
H		7	က	4	လ	9	7	ω	6	10	=	12	13	14	15	16	11	<u>2</u>	8	21	22	24 25	22 %	3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
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Z	AMOUNT MEDICAID REIMBURSED IN EXCESS OF PAC	\$157,931.92	••		\$141,274.88	\$177,603.08								\$1,098,055.48	\$1,046,104.07	\$986,772.67	\$714,310.70	\$12,121,040.09			\$2,171,181.87		\$9,949,858.22	ent amounts were reflected in sed." Prior to Q4 2007, splitting ity. Thus, "Total Amount pt").
Σ	PHARMACY ACQUISITION COST ("PAC")	\$0.94	\$0.94	\$0.94	\$0.94	\$0.94	\$0.94	\$0.94	\$0.94	\$0.94	\$0.94	\$0.94	\$0.94	\$0.94	\$0.94	\$0.94	\$0.94		AC to Settling States of	1 Texas:		URSED IN EXCESS OF		nged so that reimbursem fedicald Amount Reimbur fore, reported inconsisten simbursement per unit ("R
, L	REIMBURSEMENT/UNIT ("RPI")	\$1.37	\$1.34	\$1.04	\$1.28	\$1.46	\$1.42	\$1.38	\$1.37	\$1.44	\$1.44	\$1.37	\$1.30	\$1.45	\$1.33	\$1.31	\$1.25		Less: Reimbursements in Excess of PAC to Settling States of	California, Hawaii, Illinois, Nevada and Texas:		TOTAL AMOUNT MEDICAID REIMBURSED IN EXCESS OF	PAC FOR 2004:	* Beginning in O4 2007, the reporting requirements were changed so that reimbursement amounts were reflected in two categories. "Weldicated Amount Reimbursed." Prior to C4 2007, splitting the data into two categories was not required and was, therefore, reported inconsistently. Thus, "Total Amount Reimbursed" was used for years 2003 - 2007 to determine reimbursement per unit ("RP!").
	TOTAL AMOUNT REIMBURSED	\$504,802.26	\$776,192.79	\$553,487.00	\$537,502.74	\$496,834.60	\$814,620.30	\$1,351,910.23	\$1,742,236.39	\$2,567,433.02	\$4,851,097.30	\$5,979,887.53	\$6,500,003.53	\$3,120,759.70	\$3,599,362.15	\$3,488,458.59	\$2,869,032.28							* Beginning in Q4 200 two categories: "Medi the data into two categories: Reimbursed" was use
H	NO. OF PRESCRIPTIONS	99	64	88	93	29	06	146	160	145	225	267	330	119	146	46	86							
9	UNITS REIMBURSED	369.011.00	578,289.00	531,278.00	421,519.00	339,608.00	572,410.00	979,833.00	1,273,448.00	1,785,335.00	3,357,195.00	4,376,715.04	4,990,051.00	2,151,813.00	2,716,232.00	2,661,368.00	2,292,257.00							
LL.	PRODUCT FDA LIST NAME	2004 Q1 ADVATE 250	2004 Q2 ADVATE 250	2004 Q3 ADVATE 250	2004 Q4 ADVATE 250	2004 Q1 ADVATE 500	2004 Q2 ADVATE 500	2004 Q3 ADVATE 500	2004 Q4 ADVATE 500	2004 Q1 ADVATE 100	2004 Q2 ADVATE 100	2004 Q3 ADVATE 1,0	ADVATE 1,0	2004 Q1 ADVATE 150	2004 Q2 ADVATE 150	2004 Q3 ADVATE 1,5	ADVATE 1,5							
Ш	PERIOD COVERED (BY QUARTER)	2004 Q1	2004 Q2	2004 Q3	2004 Q4	2004 Q1	2004 Q2	2004 Q3	2004 Q4	2004 Q1	2004 02	2004 Q3	2004 Q4	2004 Q1	2004 Q2	2004 Q3	2004 Q4							
٥	PACKAGE SIZE	<b>-</b>	<b>-</b>	-	-	2	2	7	2	ო	m	ო	ო	4	4	4	4							
O	PRODUCT	2940	2940	2940	2940	2940	2940	2940	2940	2940	2940	2940	2940	2940	2940	2940	2940							
В	LABELER CODE	944	944	944	944	944	944	944	944	944	944	944	944	944	944	944	944							
4	STATE	SN	Sn	SN	SN	Sn	SN	S	S	SN	S	Sn.	SN	SN	S	S	SN							
	-	- ~	က	4	រភ	9	7	œ	6	9	=	12	5	4	15	16	11	5 6	20	21	22	24	25	33 33 33 33 33 33 33 33 33 33 33 33 33

П		85	9	8	F	24	32	5	8	8		- 1	.26	4			, 6	ıtly.			-
z	AMOUNT MEDICAID REIMBURSED IN EXCESS OF PAC	\$1,476.58	\$136,495.60	\$4,316.66	\$76,710.11	\$9,743.24	\$493,361.32	\$35,422.13	\$647,742.39	\$1,405,268.03		:	\$318,402.26	12 10 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			ment amounts were ount Reimbursed." Pri	e, reported inconsisten ibursement per unit			
≥	PHARMACY ACQUISITION COST ("PAC")	\$1.05	\$1.05	\$1.05	\$1.05	\$1.05	\$1.05	\$1.05	\$1.05		PAC to Settling	ada and Texas:		URSED IN EXCESS			nged so that reimburse and "Non-Medicaid Am	uired and was, therefor 2007 to determine reirr			
	PHARMACY REIMBURSEMENT/UNIT ("RPI") ACQUISITION COST ("PAC")	\$1.66	\$1.45	\$1.41	\$1.45	\$1.40	\$1.41	\$1.65	\$1.49		Less: Reimbursements in Excess of PAC to Settling	States California, Hawaii, Illinois, Nevada and Texas:		TOTAL AMOUNT MEDICAID REIMBURSED IN EXCESS OF PAC FOR 2003:			* Beginning in Q4 2007, the reporting requirements were changed so that reimbursement amounts were reflected in two categories: "Medicaid Amount Reimbursed" and "Non-Medicaid Amount Reimbursed." Prior	to Q4 2007, splitting the data into two categories was not required and was, therefore, reported inconsistently. Thus, "Total Amount Reimbursed" was used for years 2003 - 2007 to determine reimbursenent per unit	•		
-	TOTAL AMOUNT REIMBURSED*	\$4,034.38	\$491,211.85	\$16,748.66	\$277,638.11	\$38,735.84	\$1,913,343.52	\$97,350.08	\$2,196,521.79		Le	ť		7 0			Beginning in Q4 2007, the effected in two categories	. Q4 2007, splitting the dinus, "Total Amount Rein	("RPI").		
Ŧ	NO. OF PRESCRIPTIONS	-	45	2	8	S.	151	13	121								. e	<b>₽</b> F	Ü		
9	UNITS REIMBURSED	2,436.00	337,825.00	11,840.00	191,360.00	27,612.00	1,352,364.00	58,979.00	1,475,028.00												
ı	PRODUCT FDA LIST NAME	ADVATE ANT	ADVATE 250	ADVATE 500	ADVATE 500	ADVATE ANT	ADVATE 100	ADVATE 150	ADVATE 150												
Е	PERIOD COVERED (BY QUARTER)	2003 Q3	2003 Q4	2003 Q3	2003 Q4	2003 Q3	2003 Q4	2003 Q3	2003 Q4												
۵	PACKAGE SIZE	-	Ψ.	2	7	ო	ო	4	4												
O	PRODUCT	2940	2940	2940	2940	2940	2940	2940	2940												
В	LABELER CODE	944	944	944	944	944	944	944	944												
A	STATE	-  2	_	_	sn e	Sn OS		s S		==	7	লাখ	15	14	اهاه	ചെ	- 2	<b>ω</b> 4	N)	8 28 8	0

Archive (http://archive-it.org/public/collection.html?id=2651) CMS.gov (http://www.cms.gov) About Us (http://medicaid.gov/about-us/about-u



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<u>lome (/)</u> > <u>Medicaid (/Medicaid-CHIP-Program-Information/Medicaid-and-CHIP-Program-Information.html)</u> > <u>By Topic (/Medicaid-CHIP-Program-Information/By-Topics/By-Topic,html)</u> > <u>Benefits (/Medicaid-CHIP-Program-Information/By-Topics/Benefits.html)</u> > <u>Prescription Drugs</u>

#### Medicaid Drug Rebate Program Data

### Product Data for Drugs in the Medicaid Drug Rebate Program

The rebate drug product data file [ZIP] (/Medicaid-CHIP-Program-Information/By-Topics/Benefits/Prescription-Drugs/Downloads/DrugProductDataFile2Q2012.zip) contains the active drugs that have been reported by participating drug manufacturers as of the most recent rebate reporting period under the Medicaid Drug Rebate Program. All drugs are identified by National Drug Code (NDC), unit type, units per package size, product name, Food and Drug Administration (FDA) approval date, the date the drug entered the market, plus indicators to show whether the drug is an innovator or non-innovator drug, whether it is available by prescription or over-the-counter (OTC); the FDA therapeutic equivalency code; and the Drug Efficacy Study Implementation (DESI) rating and termination date, if applicable. (Note: Only active drugs and drugs with a termination date on or after the last processed quarter are included in the file). For your convenience, we are also providing you the record specification and definitions for the drug product data file [PDF] (/Medicaid-CHIP-Program-Information/By-Topics/Benefits/Prescription-Drugs/Downloads/RecordSpecificationandDefinitions.pdf)

#### Quarterly Average Manufacturer Price (AMP) Data for Drugs in the Medicaid Drug Rebate Program: Reported or Not Reported

In accordance with the terms of the National Drug Rebate Agreement and section 1927(b)(3)(A) of the Social Security Act (the Act), drug manufacturers participating in the Medicaid Drug Rebate Program are required to report AMP information to the Centers for Medicare & Medicaid Services (CMS) each quarter. A quarterly AMP must be reported for each active drug that the manufacturer has reported for inclusion in the Medicaid Drug Rebate Program. Failure to submit the required AMP data may result in penalties, such as the drug manufacturer's termination from the rebate program or the issuance of civil monetary penalties by the Office of the Inspector General.

In an effort to improve the timeliness of the data CMS receives from drug manufacturers each quarter, CMS is posting the <u>quarterly AMP reported or not reported file [ZIP] (/Medicaid-CHIP-Program-Information/By-Topics/Benefits/Prescription-</u>

Drugs/Downloads/Reportingof2Q2012AMPData.zip) . This file contains the active drugs that have been submitted as of the most recent reporting period under the Medicaid Drug Rebate Program, along with an indication of whether or not the required AMP was reported for each drug. All drugs are identified in the file by the 11-digit National Drug Code (NDC), product name, labeler name, and reported (R) or not reported (NR). Please note that, due to confidentiality provisions found in section 1927(b)(3)(D) of the Act, this file does not contain actual AMP values; rather, it simply notes whether or not CMS received an AMP for each drug included in the file. Further, the file only reflects AMP data that was received at the time that Medicaid drug rebates were calculated for the most recent reporting period. Finally, the only terminated drugs included in this file are those that are being terminated within the quarter represented in the file, or those with a termination date in the future.

#### State Utilization Data

Drug utilization for States are available for covered outpatient drugs paid for by State Medicaid agencies since the start of the Medicaid Drug Rebate Program. To download these data, please use the <u>State drug utilization data specifications</u>
[PDF] (/Medicaid-CHIP-Program-Information/By-Topics/Benefits/Prescription-Drugs/Downloads/StateUtilizationDataSpecifications.pdf)

### Prescription Drug Content

Covered Outpatient
 Drugs Policy
 (/Medicaid-CHIP Program Information/By Topics/Benefits/Prescription
 -Drugs/Covered Outpatient-Drugs Policy.html)

Learn about your healthcare options (http://www.healthcare.gov)

- Drug Utilization Review
  (/Medicaid-CHIPProgramInformation/ByTopics/Benefits/Prescription
  -Drugs/Drug-Utilization
  -Review.html)
- Federal Upper Limits
   (/Medicaid-CHIP Program Information/By Topics/Benefits/Prescription
   -Drugs/Federal-UpperLimits.html)
- Medicaid Drug Rebate
   Program (/Medicaid CHIP-Program Information/By Topics/Benefits/Prescription
   -Drugs/Medicaid-DrugRebate-Program.html)
- Medicaid Drug Rebate
   Program Data
   (/Medicaid-CHIP Program Information/By Topics/Benefits/Prescription
   -Drugs/Medicaid-Drug Rebate-ProgramData.html)
- Medicaid Drug rebate
   Program Dispute
   Resolution (/Medicaid-CHIP-Program-Information/By-Topics/Benefits/Prescription-Drugs/Medicaid-Drug-Rebate-Program-Dispute-Resolution.html)
- National Drug Rebate
   Agreement (/Medicaid-CHIP-Program-Information/By-Topics/Benefits/Prescription-Drugs/National-Drug-Rebate-Agreement.html)

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Please note that this format includes two new fields: Medicaid Amount Reimbursed and Non-Medicaid Amount Reimbursed. The sum of these two fields should generally equal the Total Amount Reimbursed on an NDC by NDC basis; however, these new fields were implemented beginning with the fourth quarter of 2007 and are optional for the states to report prior to that time. Therefore, for quarters earlier than fourth quarter 2007, there may be some large discrepancies between the Total Amount Reimbursed and the sum of the Medicaid Amount Reimbursed and the Non-Medicaid Amount Reimbursed because the Non-Medicaid Amount Reimbursed is often not present for those earlier quarters. Should you notice apparent discrepancies in an individual state's utilization data, your questions should be directed to that state's Technical Contact.

How often are the <u>State Utilization Data and the National Summary Utilization Data</u> [Dynamic List - ZIP] (http://medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Benefits/Prescription-Drugs/Medicaid-Drug-Programs-Data-and-Resources.html) updated and posted to the website?

1<sup>st</sup> Quarter (plus 5 preceding years of data): August
2<sup>nd</sup> Quarter (plus 5 preceding years of data): November
3<sup>rd</sup> Quarter (plus 5 preceding years of data): February
(http://medicaid.gov/Medicaid-CHIP-Program-Information/ByTopics/Benefits/Prescription-Drugs/Medicaid-Drug-Programs-Data-and-Resources.html)

4th Quarter (plus 5 preceding years of data):

State utilization data older than the current quarter plus five previous years of data are updated annually and posted to the website during the month of February. The national summary utilization data are aggregate data by NDC-11.

May

#### Last Update: August Cycle - 1st Quarter (plus 5 preceding years of data):

Questions about the Medicaid Drug Rebate Program's data? Email MDROperations@cms.hhs.gov (mailto:MDROperations@cms.hhs.gov?subject=MDROperations%20Question%20from%20Medicaid.gov).

Program Releases
(/Medicaid-CHIPProgramInformation/ByTopics/Benefits/Prescription
-Drugs/ProgramReleases.html)

- State Prescription Drug Resources (/Medicaid-CHIP-Program-Information/By-Topics/Benefits/Prescription-Drugs/State-Prescription-Drug-Resources.html)
- Survey of Retail Prices
   (/Medicaid-CHIP Program Information/By Topics/Benefits/Prescription
   -Drugs/Survey-of Retail-Prices.html)
- Medicaid Drug
   Programs Data &
   Resources (/Medicaid-CHIP-Program-Information/By-Topics/Benefits/Prescription-Drugs/Medicaid-Drug-Programs-Data-and-Resources.html)

Page last updated on 8/14/2012

# MEDICAID STATE DRUG UTILIZATION DATA Web File Structure and Definitions August 2009

Fields are delimitated with a vertical bar/pipe ("|")

Field	Size	Remarks —					
State Code	2	State Abbreviation					
Labeler Code	5	NDC #1					
Product Code	4	NDC #2					
Package Size	2	NDC #3					
Period Covered	5	YYYYQ (Yr/Qtr)					
Product FDA List Name	10	Product Name as appears on FDA listing form (1st 10 characters)					
Units Reimbursed	15	9999999999999999					
No. of Prescriptions	9	99999999					
Total Amount Reimbursed	15	999999999999999999999999999999999999999					
Medicaid Amount Reimbursed	13	999999999999999999999999999999999999999					
Non-Medicaid Amount Reimbursed	13	999999999999999999999999999999999999999					

#### **UTILIZATION FIELD DEFINITIONS**

State Abbreviation:

Two character post office abbreviation for State.

Labeler Code:

First segment of National Drug Code (NDC1) that identifies the manufacturer,

labeler, relabeler, packager, repackager or distributor of the drug.

Product Code:

Second segment of National Drug Code (NDC2).

Package Size:

Third segment of National Drug Code (NDC3).

Period Covered:

Calendar year and quarter covered by data.

Valid values for Q:

1 = January 1 – March 31 2 = April 1 – June 30

3 = July 1 - September 30

4 = October 1 - December 31

Product FDA List Name:

(Abbreviated) - First 10 characters of product name as approved by the FDA

listing form.

Units Reimbursed:

The total number of units (based on Unit Type) of the drug (11-digit NDC level)

reimbursed by the state during the period covered. [Numeric 15 positions: 11

whole numbers, decimal (.), 3 decimals]

No. of Prescriptions:

The number of prescriptions reimbursed (by the Medicaid Program ONLY) to

pharmacists for the (11-digit NDC) drug for the period covered. [Numeric 9 whole

numbers]

Total Amount Reimbursed:

The total amount reimbursed by both Medicaid and non-Medicaid entities to pharmacies for the (11-digit NDC) drug in the period covered (two below fields added together). This total is not reduced or affected by Medicaid rebates paid to the state. This amount represents both the Federal and State Reimbursement and is inclusive of dispensing fees. [Numeric 15 positions: 12 whole numbers,

decimal (.), 2 decimal places]

Medicaid Amount Reimbursed:

The amount reimbursed (by the Medicaid Program ONLY) to pharmacies for the (11-digit NDC) drug in the period covered. [Numeric 13 positions: 10 whole

numbers, decimal (.), 2 decimal places]

#### Non-Medicaid Amount Reimbursed:

The amount reimbursed (by non-Medicaid entities) to pharmacies for the (11-digit NDC) drug in the period covered. The Non-Medicaid Amount Reimbursed includes any reimbursement amount for which the state is not eligible for Federal Matching Funds. [Numeric 13 positions: 10 whole numbers, decimal (.), 2 decimal places]

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